



## COMPLAINT OF POSSIBLE UNLAWFUL DISCRIMINATION



THE INTENT OF THIS FORM IS TO ELIMINATE DISCRIMINATION BASED UPON THE NONPERFORMANCE FACTORS (ITEM 1) IN CONDITIONS OF EMPLOYMENT (ITEM 2). IT IS NOT INTENDED TO RESOLVE DAY-TO-DAY DISAGREEMENTS WHICH CAN OCCUR IN A WORK SETTING. PLEASE GIVE SERIOUS CONSIDERATION TO THE MATTER BEFORE FILING THIS FORMAL COMPLAINT.

**Please Print or Type**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

My Civil Service Classification is: \_\_\_\_\_

My Location is: \_\_\_\_\_ Work Phone: \_\_\_\_\_

My Home Address is: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

**1. I feel I was unlawfully discriminated against on the basis of the following:**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Marital Status     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Sex                |                                      |
| <input type="checkbox"/> Age             | <input type="checkbox"/> Height/Weight      |                                      |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability         |                                      |
| <input type="checkbox"/> Religion        | <input type="checkbox"/> Sexual Orientation |                                      |

**2. This possible unlawful discrimination occurred in connection with the following:**

- |   |   |
|---|---|
| <input type="checkbox"/> Disciplinary Action      | <input type="checkbox"/> Demotion           |
| <input type="checkbox"/> Service Rating           | <input type="checkbox"/> Promotion          |
| <input type="checkbox"/> Transfer                 | <input type="checkbox"/> Reduction in Force |
| <input type="checkbox"/> Hostile Work Environment | <input type="checkbox"/> Other _____        |

AS A CURRENT EMPLOYEE OF THE DEPARTMENT OF LABOR & ECONOMIC GROWTH (DLEG), I AM FILING THE FOLLOWING COMPLAINT. I UNDERSTAND THAT I MAY USE THIS FORM IF I AM CURRENTLY AN EMPLOYEE OF THE DEPARTMENT.

I UNDERSTAND THAT I MAY FILE A FORMAL COMPLAINT WITH THE UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (US, EEOC), CIVIL RIGHTS CENTER-USDOL, MICHIGAN DEPARTMENT OF CIVIL RIGHTS (MDCR), OR MICHIGAN DEPARTMENT OF CIVIL SERVICE (FORM CS-G1) WITHIN THE TIME LIMITS LEGALLY ESTABLISHED BY THESE AGENCIES FOR FILING SUCH COMPLAINTS.

**SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

Below is MY statement explaining the circumstances that led to what I believe was unlawful discrimination against me (*attach additional sheets if necessary*):

\_\_\_\_\_  
Signature/Date

Below is MY statement explaining how I feel my complaint of alleged discrimination could be resolved:

\_\_\_\_\_  
Signature/Date

**DISTRIBUTION**

I UNDERSTAND THAT I AM RESPONSIBLE FOR PREPARING TWO (2) COPIES OF THIS FORM 7101.

ONE (1) COPY I WILL FORWARD TO THE:

**EQUAL OPPORTUNITY OFFICE  
CADILLAC PLACE  
3024 W. GRAND BLVD., SUITE #12-350  
DETROIT, MI 48202  
1-313-456-2461**

***OR***

**EQUAL OPPORTUNITY OFFICE - LANSING  
611 W. OTTAWA, 4TH FLOOR  
LANSING, MI 48909  
1-517-335-5824**

ONE (1) COPY I WILL KEEP FOR MY RECORDS.